

CITY COUNCIL AGENDA REQUEST FORM

Today's date: 10 / 16 / 20

Date of meeting 10 / 21 / 20

(City Council meetings are held the 1st and 3rd Wednesday of each month.)

Name of Citizen, Organization, Elected Official, or Department Head making request:

Jennifer Stapleton, City Administrator

Address: 1123 Lake Street

Phone number and email address: 208.265.1483; jstapleton@sandpointidaho.gov

Authorized by: Jennifer Stapleton

name of City official

Jennifer P. Stapleton

City official's signature

(Department Heads, City Council members, and the Mayor are City officials.)

Subject: Insurance Benefit Renewals

Summary of what is being requested: Authorization to enter into renewal contracts with Regence

BlueShield of Idaho, Delta Dental of Idaho, LifeMap Life, Vision and LTD, Rehn & Associates and

Reliant Behavioral Health for EAP Services

The following information **MUST** be completed before submitting your request to the City Clerk:

1. Would there be any financial impact to the city? ☒ ☐ **Yes or No**

If yes, in what way? Budgeted

2. Name(s) of any individual(s) or group(s) that will be directly affected by this action:

City of Sandpoint Employees

Have they been contacted?
Yes or No

3. Is there a need for a general public information or public involvement plan? **Yes or No**

If yes, please specify and suggest a method to accomplish the plan: ☐ ☒

Open enrollment for employees will be in November, 2020

4. Is an enforcement plan needed? **Yes or No** ☐ ☒ Additional funds needed? **Yes or No** ☐ ☒

5. Have all the affected departments been informed about this agenda item? **Yes or No** ☒ ☐

This form must be submitted no later than 6 working days prior to the scheduled meeting. All pertinent paperwork to be distributed to City Council must be attached.

ITEMS WILL NOT BE AGENDIZED WITHOUT THIS FORM